										4		
	•	• (					<i>{</i>		00	7/94	1220	70 <sup>°</sup>
)							Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000								2				
CLAIMS AS FILED - PART I (Column 1) (C					mn 2)	SM/		NTITY	OR	OTHER		
AL CLAIMS				•	•		RATE F		1	RATE	FEE	
, . <u>-</u> ,		NUMBER FILED		NUMBER EXTRA		BAS	NC FE	355.00	OR	BASIC FEE	· 710.00	
AL CHARGEABLE CLAIMS		( ) minus 20=		• 4	· Ø		\$ 9=		OR	X\$18=		
PENDENT CLAIMS		u minus 3 =				×	40=		OR	X80=	80	
TIPLE DEPEN	IDENT CLAIM PI	RESENT			. 🗆	1	-135=		OR	+270=		
ne difference in column 1 is less than zero, ent			ro, enter	<b>"0"</b> in c	olumn 2			ļ	OR	TOTAL	790	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	THAN	
denta	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>Fotal</b>	. 17	Minus	8	20	= ·	×	\$ 9=		OR	X\$18=		
ndependent	. 4	Minus		3	=	X	40=		OR	X80=	80,00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		OR	+270=	,	
•							TOTAL	-			80.00	
	(Column 1)		(Colui		(Column 3)				e 1	,		
e/7/2	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	. ′
Total	.27	Minus	a	0	<b>=</b> 3	Х	\$ 9=		OR	X\$18=	Mirs	126.00
ndependent	. 4	Minús	••• L	ł	= .		40=		OR	X80=		
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-				•	
BEST AVAILABLE COPY							135= TOTAL		OR	+270= TOTAL ADDIT. FEE	ATHLE 6	126.00
						ADD	IT. FEE		OR	ADDIT. FEE	WY!	1000
. \	(Column 1) CLAIMS	1	(Colu		(Column 3)			LADDI			ADOL	i
1/21/2	REMAINING AFTER		NUM PREVI	BER DUSLY	PRESENT	l I R	ATE	ADDI- TIONAL		RATE	ADDI- TIONAL	

## FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS minus 20= INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT \* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II** 8/29 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT PREVIOUSLY AFTER **EXTRA** AMENDMENT PAID FOR 20 Minus Total 42 Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AMENDMENT PREVIOUSLY AFTER **EXTRA AMENDMENT** PAID FOR 20 3 **Total** Minus Minus independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY (Column 2) (Column 3) (Column 1) HIGHEST CI AIMS REMAINING NUMBER PRESENT ENDMENT **AFTER PREVIOUSLY** EXTRA **AMENDMENT** PAID FOR FEE FEE .. 2**9** 29 Minus Total X\$ 9≥ X\$18= OR Minus Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT, FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**TOTAL CLAIMS**